

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

| | |
|-------------------------|-------------|
| SERIAL NO. 09/468002 | FILING DATE |
| APPLICANT(S) | |

Fitted
*S(27/0)

| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
|--------------|------|------|------|------|------|------|
| 66 | | | 1 | | 1 | |
| 67 | | | 1 | | 1 | |
| 68 | | | | | | 1 |
| 69 | | | 1 | | | |
| 70 | | | 1 | | 1 | |
| 71 | | | | | | |
| 72 | | | | | | |
| 73 | | | | | | |
| 74 | | | 1 | | 1 | |
| 75 | | | | | | |
| 76 | | | | | | |
| 77 | | | | | | |
| 78 | | | 1 | | 1 | |
| 79 | | | | | | |
| 80 | | | 1 | | 1 | |
| 81 | | | | | | |
| 82 | | | | | | |
| 83 | | | | | | |
| 84 | | | | | 1 | |
| 85 | | | | | 1 | |
| 86 | | | | | 1 | |
| 87 | | | | | 1 | |
| 88 | | | | | 1 | |
| 89 | | | | | | |
| 90 | | | | | | |
| 91 | | | | | | |
| 92 | | | | | | |
| 93 | | | | | 1 | |
| 94 | | | | | | |
| 95 | | | | | | |
| 96 | | | | | | |
| 97 | | | | | | |
| 98 | | | | | 1 | |
| 99 | | | | | 1 | |
| 100 | | | | | 1 | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | 18 | |
| TOTAL CLAIMS | | | | | | 18 |

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | |
|--|------|------------------------|------|------------------------|------|
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
| IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 101 | | | 1 | | 1 |
| 102 | | | | | |
| 103 | | | | | |
| 104 | | | | | |
| 105 | | | 1 | | 1 |
| 106 | | | 1 | | 1 |
| 107 | | | 1 | | 1 |
| 108 | | | 1 | | 1 |
| 109 | | | 1 | | 1 |
| 110 | | | 1 | | 1 |
| 111 | | | 1 | | 1 |
| 112 | | | 1 | | 1 |
| 113 | | | 1 | | 1 |
| 114 | | | 1 | | 1 |
| 115 | | | 1 | | 1 |
| 116 | | | 1 | | 1 |
| 117 | | | 1 | | 1 |
| 118 | | | 1 | | 1 |
| 119 | | | 1 | | 1 |
| 120 | | | 1 | | 1 |
| 121 | | | 1 | | 1 |
| 122 | | | 1 | | 1 |
| 123 | | | 1 | | 1 |
| 124 | | | 1 | | 1 |
| 125 | | | 1 | | 1 |
| 126 | | | 1 | | 1 |
| 127 | | | 1 | | 1 |
| 128 | | | 1 | | 1 |
| 129 | | | 1 | | 1 |
| 130 | | | 1 | | 1 |
| 131 | | | 1 | | 1 |
| 132 | | | 1 | | 1 |
| 133 | | | 1 | | 1 |
| 134 | | | 1 | | 1 |
| 135 | | | 1 | | 1 |
| 136 | | | 1 | | 1 |
| 137 | | | 1 | | 1 |
| 138 | | | 1 | | 1 |
| 139 | | | 1 | | 1 |
| 140 | | | 1 | | 1 |
| 141 | | | 1 | | 1 |
| 142 | | | 1 | | 1 |
| 143 | | | 1 | | 1 |
| 144 | | | 1 | | 1 |
| 145 | | | 1 | | 1 |
| 146 | | | 1 | | 1 |
| 147 | | | 1 | | 1 |
| 148 | | | 1 | | 1 |
| 149 | | | 1 | | 1 |
| 150 | | | 1 | | 1 |
| TOTAL IND. | | 7 | 7 | | |
| TOTAL DEP. | | 58 | 40 | | |
| TOTAL CLAIMS | | 65 | 47 | | |

| SERIAL NO. | | FILING DATE | |
|----------------|--|-------------|--|
| APPLICANT(S) | | | |
| 091468102 | | | |
| 5120100 CLAIMS | | | |
| * IND. DEP. | | * IND. DEP. | |
| 51 | | | |
| 52 | | | |
| 53 | | | |
| 54 | | | |
| 55 | | | |
| 56 | | | |
| 57 | | | |
| 58 | | | |
| 59 | | | |
| 60 | | | |
| 61 | | | |
| 62 | | | |
| 63 | | | |
| 64 | | | |
| 65 | | | |
| 66 | | | |
| 67 | | | |
| 68 | | | |
| 69 | | | |
| 70 | | | |
| 71 | | | |
| 72 | | | |
| 73 | | | |
| 74 | | | |
| 75 | | | |
| 76 | | | |
| 77 | | | |
| 78 | | | |
| 79 | | | |
| 80 | | | |
| 81 | | | |
| 82 | | | |
| 83 | | | |
| 84 | | | |
| 85 | | | |
| 86 | | | |
| 87 | | | |
| 88 | | | |
| 89 | | | |
| 90 | | | |
| 91 | | | |
| 92 | | | |
| 93 | | | |
| 94 | | | |
| 95 | | | |
| 96 | | | |
| 97 | | | |
| 98 | | | |
| 99 | | | |
| 100 | | | |
| TOTAL IND. | | 7 | |
| TOTAL DEP. | | 40 | |
| TOTAL CLAIMS | | 47 | |